frontal. While the frontal region of the left hemisphere presented anomalies, the line of demarkation of the softening was easily made out to occupy the inferior quarter of the ascending parietal convolution. This lesion was no doubt the cause of the facial hemiplegia, but, according to the localization of leg and arm movements of other observers, there was no lesion of the brain to account for the paralysis of these members. The cortical regions mapped out as governing the leg and arm were perfectly normal. The persistance of the paralytic phenomena was kept up by the circulatory trouble, as there was found obstruction of the circulation in the region of the fissure of Sylvius. The involvement of the orbital and frontal muscles in the hemiplegia was explained by the continuity of the fibres of the projection system. The author thought, considering the very small focus of the lesion, that his study of the centre of localization of face movements in man was unique. He locates this centre definitely on the cortex of the ascending parietal operculum immediately posterior to the inferior extremity of the fissure of Roland. B. M.

The Glycosecretory Nerves.—From the recent communication of Morat and Dufour to the *Academic des Sciences*, it would seem to be possible without either accelerating or retarding the circulation or increasing the quantity of blood flowing through the liver, to bring about the destruction of its glycogen by simply exciting the nerves of this organ. This destruction may exceed half the total amount of hepatic glycogen in a space of time not exceeding twenty minutes. There is, therefore, no doubt according to these writers that the nervous system has on the elements of the liver a direct action, independent of that which it exercises on the course of the blood by the vessels, and comparable, in fact, to that of the motor nerves on the muscles. E. P. H.

CLINICAL.

On the Peculiar Associated Movements of the Paretic Upper Eye-lid in Cases of Unilateral Congenital Ptosis, by Prof. Bernhardt (*Neurol. Centr. blatt.*, No. 9, 1894, pp. 325–537). B. narrates the case of a man, 19 years of age, with congenital ptosis on right side, whose family exhibited no neurotic history. All the movements of the eye are normal, excepting upward rotation, which is slightly less well executed than on the left side. Diplopia manifests itself only during strained upward vision. Right vision is somewhat weaker than the left. The ophthalmoscopic examination is negative. All other cranial nerves functionate normally.

When the patient depressed the lower jaw by opening wide the mouth, the right ptotic eye-lid rises, and remains elevated as long as the inferior maxilla is depressed. The same phenomenon occurs when the jaw is carried to the left, but the lid falls when the jaw returns to the median line.

In addition to this case, B. analyzes all of the similar cases, twenty-four in number, that have thus far been published. He arrives at the following conclusions:

1. The phenomenon of abnormal associated movements of an upper eye-lid occurs in the majority of cases in either congenital or early-acquired more or less complete paralysis of the levator palpebrae superiorum.
2. In a few cases the associated movements and levator paresis improved in the course of years.
3. On the other hand, Frankel's observation shows that in spite of late occurring paresis of the lid, its abnormal associated movements may become diminished in the course of years.
4. The associated movements are occasioned mainly by an action in the province of the trigeminus.
5. Of the muscles innervated by the trifacial, the depressors and lateral rotators of the jaw play the most important role.
6. It is almost certain that only the muscles of the corresponding side are involved.
7. In a small number of cases, the seventh is associated with the fifth nerve in the production of the movements. In these cases the phenomenon occurs on the opposite side.
8. The hypoglossus may possibly exert some influence in bringing about the associated movements.
9. As regards the pathology of the affection, B. assumes a partial congenital anomaly of the nucleus of the oculo-motorius, the neighboring trigeminus acting vicariously.

P. M.

Jacksonian Epilepsy due to Auto-intoxication of Gastric Origin.—In the *Rivista Sperimentale di Freniatria e di Medicina Legale*, Vol. xix., Fas iv., Doctor Cristiani describes a very interesting case of Jacksonian epilepsy due to gastric intoxication. The patient was